

STATE OF ILLINOIS

ILLINOIS EDUCATIONAL LABOR RELATIONS BOARD

CHARGE AGAINST EMPLOYEE ORGANIZATION OR ITS AGENTS
OBJECTING TO A "FAIR SHARE" FEE

DO NOT WRITE IN THIS SPACE

Case No

Date Filed

INSTRUCTIONS: File an original and 2 copies of this charge with the IELRB Executive Director at the IELRB Office in Chicago or Springfield. Charge must be typed or printed in ink.

1. EMPLOYEE ORGANIZATION OR ITS AGENTS AGAINST WHICH CHARGE IS BROUGHT

a. Name of employee organization/union

b. Affiliation

c. Telephone No.

d. Address (street, city, state and ZIP code)

e. Union Representative to Contact

f. The above-named organization(s) or its agents has (have) engaged in and is (are) engaging in unfair labor practices within the meaning of section 14(b)(l) of the Illinois Educational Labor Relations Act.

2. Please indicate the school year in question:

3. Bargaining Unit:

Note: A charge must be filed with each new school year.

Your Job Title:

4. The amount of the "Fair Share" fee certified by the employee organization is \$ _____ and collection of the fee in question commenced on _____

5. I OBJECT TO THE ASSESSMENT OF THE AMOUNT DESIGNATED AS A "FAIR SHARE" FEE NOT AUTHORIZED BY THE ACT AND I CHALLENGE THE ENTIRE FEE. (You may provide a brief statement of the basis for your objection.)

(Signature)

6. Name and Address of Employer

7. Telephone No.

8. Name and Address of Payroll Office

9. County

10. Employer Representative to Contact

11. Print Full Name of Party Filing Charge

12. Telephone No.

13. Address of Party Filing Charge (street, city, state and ZIP code)

14. DECLARATION

I declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief.

By _____
(signature of representative or party filing charge)

(title or office, if any)

Address _____

(telephone no.)

(date)

Failure to provide all information requested on this form may result in delay of processing.